Mr. Frank E. Pinckney Director of Reimbursement and Budget Lutheran Homes of South Carolina, Inc. 300 Ministry Drive Irmo, South Carolina 29063

Re: AC# 3-LMN-J7 – South Carolina Synod, Lutheran Church in America, Inc. d/b/a Lowman Home, Inc.

Dear Mr. Pinckney:

The accompanying report has been prepared by our office based on your Medicaid Financial and Statistical Report submitted to the Department of Health and Human Services for the cost report period October 1, 1996 through September 30, 1997. That report was used to set the rate covering the contract periods beginning October 1, 1998.

We are recommending that the Department of Health and Human Services certify an accounts receivable to recover amounts due as a result of the rate change shown on Exhibit A. You will be notified of repayment terms by that Agency.

If you take exception to this report in any manner, you have the right to appeal in accordance with the <u>Code of Laws of South Carolina</u>, 1976 as amended, Title 44, and Department of Health and Human Services Regulation R.126-150, and you must respond in writing within thirty (30) calendar days of the date of this letter. This written response must address the specific items in the report being appealed, and must be directed to the Appeals and Hearings, Department of Health and Human Services, Post Office Box 8206, Columbia, South Carolina 29202-8206. Any correspondence should include the control number appearing on Exhibit A of this report.

Thomas L. Wagner, Jr., CPA State Auditor

TLWjr/cwc

cc: Ms. Brenda L. Hvleman

Mr. Jeff Saxon Mr. Robert M. Kerr

WHITE ROCK, SOUTH CAROLINA

CONTRACT PERIODS BEGINNING OCTOBER 1, 1998 AC# 3-LMN-J7

#### REPORT ON CONTRACT

**FOR** 

PURCHASE OF NURSING CARE SERVICES

WITH

STATE OF SOUTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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#### INDEPENDENT ACCOUNTANT'S REPORT ON APPLYING AGREED-UPON PROCEDURES

October 26, 1999

Department of Health and Human Services State of South Carolina Columbia, South Carolina

We have performed the procedures described below, which were agreed to by the South Carolina Department of Health and Human Services, solely to compute the rate change and related adjusted reimbursement rate to be used by the Department in determining the reimbursement settlement with South Carolina Synod, Lutheran Church in America, Inc. d/b/a Lowman Home, Inc., for the contract periods beginning October 1, 1998, and for the twelve month cost report period ended September 30, 1997, as set forth in the accompanying schedules. This engagement to apply agreed-upon procedures was performed in accordance with the standards established by the American Institute of Certified Public Accountants. The sufficiency of the procedures is solely the responsibility of the Department of Health and Human Services. Consequently, we make no representation regarding the sufficiency of the procedures described below either for the purpose for which this report has been requested or for any other purpose.

The procedures and the associated findings are as follows:

- 1. We tested selected costs or areas based on our analytical procedures applied to the reimbursable Medicaid program costs as shown on the Financial and Statistical Report for Nursing Homes, as filed by South Carolina Synod, Lutheran Church in America, Inc. d/b/a Lowman Home, Inc., to determine if these costs were allowable as defined by the State Plan for Medicaid reimbursement purposes and supported by accounting and statistical records maintained by the provider. Our findings as a result of these procedures are presented in the Adjustment Report, Summary of Costs and Total Patient Days, and Cost of Capital Reimbursement Analysis sections of this report.
- 2. We recomputed the Computation of Reimbursement Rate using the adjusted costs and calculated the rate change in accordance with the provisions of the contract between the Department of Health and Human Services and South Carolina Synod, Lutheran Church in America, Inc. d/b/a Lowman Home, Inc. dated as of October 1, 1994 as amended. Our findings as a result of these procedures are presented in the Computation of Rate Change and Computations of Adjusted Reimbursement Rate sections of this report.

Department of Health and Human Services State of South Carolina October 26, 1999

We were not engaged to, and did not, perform an audit, the objective of which would be the expression of an opinion on the specified elements, accounts, or items. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of the South Carolina Department of Health and Human Services and is not intended to be and should not be used by anyone other than the specified party.

Thomas L. Wagner, Jr., CPA State Auditor

Computation of Rate Change For the Contract Periods Beginning October 1, 1998 AC# 3-LMN-J7

	10/01/98- 11/30/98	12/01/98- 09/30/99
Interim reimbursement rate (1)	\$98.44	\$99.19
Adjusted reimbursement rate	96.31	97.06
Decrease in reimbursement rate	\$ <u>2.13</u>	\$ <u>2.13</u>

(1) Interim reimbursement rate from the South Carolina Medicaid Management Information System (MMIS) Provider Rate Listing dated December 8, 1998

Computation of Adjusted Reimbursement Rate For the Contract Period October 1, 1998 Through November 30, 1998 AC# 3-LMN-J7

	Incentives	Allowable Cost	Cost Standard	Computed Rate
Costs Subject to Standards:	Incentives		Standard	Race
General Services		\$46.39	\$48.65	
Dietary		10.29	9.44	
Laundry/Housekeeping/Maint.		10.47	7.70	
Subtotal	\$	67.15	65.79	\$65.79
Administration & Med. Rec.	\$	16.65	10.38	10.38
Subtotal		83.80	\$ <u>76.17</u>	76.17
Costs Not Subject to Standards:				
Utilities Special Services Medical Supplies & Oxygen Taxes and Insurance Legal Fees		3.90 .54 3.79 .49		3.90 .54 3.79 .49
TOTAL		\$ <u>92.52</u>		84.89
Inflation Factor (3.60%)				3.06
Cost of Capital				8.11
Cost of Capital Limitation				_
Profit Incentive (Max. 3.5% of A	llowable Cost)			-
Cost Incentive				-
Effect of \$1.75 Cap on Cost/Prof	it Incentives			_
Minimum Wage Add-On				
ADJUSTED REIMBURSEMENT RATE				\$ <u>96.31</u>

Computation of Adjusted Reimbursement Rate For the Contract Periods December 1, 1998 Through September 30, 1999 AC# 3-LMN-J7

	Incentives	Allowable Cost	Cost Standard	Computed Rate
Costs Subject to Standards:			<u>5 5 411 44 44 44 44 44 44 44 44 44 44 44 44</u>	
General Services		\$46.39	\$48.65	
Dietary		10.29	9.44	
Laundry/Housekeeping/Maint.		10.47	7.70	
Subtotal	\$	67.15	65.79	\$65.79
Administration & Med. Rec.	\$ <u>   -       </u>	16.65	10.38	10.38
Subtotal		83.80	\$ <u>76.17</u>	76.17
Costs Not Subject to Standards:				
Utilities Special Services Medical Supplies & Oxygen Taxes and Insurance Legal Fees		3.90 .54 3.79 .49		3.90 .54 3.79 .49
TOTAL		\$ <u>92.52</u>		84.89
Inflation Factor (3.60%)				3.06
Cost of Capital				8.11
Cost of Capital Limitation				-
Profit Incentive (Max. 3.5% of A	llowable Cost)			-
Cost Incentive				-
Effect of \$1.75 Cap on Cost/Prof	it Incentives			-
Minimum Wage & CNA Add-Ons				1.00
ADJUSTED REIMBURSEMENT RATE				\$ <u>97.06</u>

Summary of Costs and Total Patient Days
For the Cost Report Period Ended September 30, 1997
AC# 3-LMN-J7

Expenses	Totals (From Schedule SC 13) as Adjusted by DH&HS	Adjustm <u>Debit</u>	ents <u>Credit</u>	Adjusted Totals
General Services	\$3,005,810	\$ -	\$ 45,511 (4) 4,804 (4) 56,607 (5) 8,042 (5)	\$2,890,846
Dietary	651,155	5,225 (3)	5,668 (4) 9,251 (5)	641,461
Laundry	144,165	1,175 (3)	2,348 (4) 3,833 (5)	139,159
Housekeeping	346,694	-	5,276 (4) 8,611 (5)	332,807
Maintenance	185,341	-	1,744 (4) 3,046 (5)	180,551
Administration & Medical Records	1,050,205	-	3,981 (4) 904 (4) 6,497 (5) 1,475 (5)	1,037,348
Utilities	242,794	-		242,794
Special Services	37,380	-	1,468 (4) 2,395 (5)	33,517
Medical Supplies & Oxygen	309,098	-	61,872 (3) 1,042 (4) 1,700 (5) 8,383 (6)	236,101

### SOUTH CAROLINA SYNOD, LUTHERAN CHURCH IN AMERICA, INC.

D/B/A LOWMAN HOME, INC.

Summary of Costs and Total Patient Days
For the Cost Report Period Ended September 30, 1997

AC# 3-LMN-J7

	Totals (From Schedule SC 13) as	Adjustm	ont a	Adjusted
Expenses	Adjusted by DH&HS	<u>Debit</u>	<u>Credit</u>	
Taxes & Insurance	57,982	-	27,642 (2)	30,340
Legal Fees	-	-	-	-
Cost of Capital	530,433	3,044 (1)	25,718 (1) 2,481 (7)	505,278
Subtotal	6,561,057	9,444	300,299	6,270,202
Ancillary	396,019	-	-	396,019
Non-Allowable	1,577,515	22,674 (1) 27,642 (2) 54,254 (3) 72,746 (4) 101,457 (5) 4,225 (6) 2,481 (7)		1,862,994
Total Operating Expenses	\$ <u>8,534,591</u>	\$ <u>294,923</u>	\$ <u>300,299</u>	\$8,529,215
TOTAL PATIENT DAYS	<u>62,313</u>			62,313
TOTAL BEDS	<u>176</u>			

Adjustment Report
Cost Report Period Ended September 30, 1997
AC# 3-LMN-J7

ADJUSTMENT			
NUMBER	ACCOUNT TITLE	DEBIT	CREDIT
1	Fixed Assets Cost of Capital - Depreciation Expense Nonallowable Other Equity Cost of Capital - Amortization	\$115,362 3,044 22,674 4,908	
	Expense Accumulated Depreciation		\$ 25,718 120,270
	To adjust fixed assets and to adjust cost of capital for the policy effective July 1, 1989 State Plan, Attachment 4.19D		
2	Nonallowable Taxes and Insurance	27,642	27,642
	To adjust to allowable HIM-15-1, Section 2304		
3	Nonallowable Fund Balance Dietary Laundry Medical Supplies	54,254 1,218 5,225 1,175	61,872
	To remove undocumented expense and properly classify expenses HIM-15-1, Section 2304 State Plan, Attachment 4.19D		
4	Nonallowable Nursing Restorative Dietary Laundry Housekeeping Maintenance Administration Medical Records Medical Supplies Special Services	72,746	45,511 4,804 5,668 2,348 5,276 1,744 3,981 904 1,042 1,468

To adjust salaries expense for

unaccountable variance HIM-15-1, Section 2304

Adjustment Report
Cost Report Period Ended September 30, 1997
AC# 3-LMN-J7

ADJUSTMENT			
NUMBER	ACCOUNT TITLE	DEBIT	CREDIT
<u>момвек</u> 5	Nonallowable Nursing Restorative Dietary Laundry Houskeeping Maintenance Administration Medical Records Medical Supplies	<u>DEBII</u> 101,457	56,607 8,042 9,251 3,833 8,611 3,046 6,497 1,475 1,700
6	Special Services  To adjust fringe benefits and related allocation to allowable HIM-15-1, Section 2304  Personal Items Income Nonallowable Medical Supplies	4,158 4,225	2,395 8,383
	To disallow expense reimbursed separately and to offset expense with income State Plan, Attachment 4.19D		
7	Nonallowable Cost of Capital  To adjust capital return to allowable State Plan, Attachment 4.19D	2,481	2,481
	TOTAL ADJUSTMENTS	\$ <u>420,569</u>	\$ <u>420,569</u>

Due to the nature of compliance reporting, adjustment descriptions and references contained in the preceding Adjustment Report are provided for general guidance only and are not intended to be all-inclusive.

Cost of Capital Reimbursement Analysis
For the Cost Report Period Ended September 30, 1997
AC# 3-LMN-J7

Original Asset Cost (Per Bed)	\$ 15,618
Inflation Adjustment	2.1814
Deemed Asset Value (Per Bed)	34,069
Number of Beds	176
Deemed Asset Value	5,996,144
Improvements Since 1981	309,332
Accumulated Depreciation at 9/30/97	(942,741)
Deemed Depreciated Value	5,362,735
Market Rate of Return	0.067
Total Annual Return	359,303
Return Applicable to Non-Reimbursable Cost Centers	(568)
Allocation of Rent and Interest to Non-Reimbursable Cost Centers	
Allowable Annual Return	358,735
Depreciation Expense	191,619
Amortization Expense	7,788
Capital Related Income Offsets	(52,568)
Allocation of Capital Expenses to Non-Reimbursable Cost Centers	(296)
Allowable Cost of Capital Expense	505,278
Total Patient Days (Minimum 97% Occupancy)	62,313
Cost of Capital Per Diem	\$8.11

Cost of Capital Reimbursement Analysis
For the Cost Report Period Ended September 30, 1997
AC# 3-LMN-J7

6/30/89 Cost of Capital and Return on Equity Capital Per Diem Reimbursement	\$ N/A
Adjustment for Maximum Increase	N/A
Maximum Cost of Capital Per Diem	\$
Reimbursable Cost of Capital Per Diem	\$8.11
Cost of Capital Per Diem	8.11
Cost of Capital Per Diem Limitation	\$